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PTO/SB/50 (4/98)
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DIVISIONAL
REISSUE PATENT APPLICATION TRANSMITTAL

BROADENED REISSUE Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	MAT-3720US2
	First Named Inventor	Ryoichi Imanaka
	Original Patent Number	5,790,172
	Original Patent Issue Date (Month/Day/Year)	August 4, 1998
	Express Mail Label No.	EL635061783US
APPLICATION FOR REISSUE OF: (check applicable box) <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent		
APPLICATION ELEMENTS		
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)		
2. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate)		
3. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)		
4. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)		
5. Original U.S. Patent		
✓ <input checked="" type="checkbox"/> Offer to Surrender Original Patent (37 C.F.R. § 1.178) (PTO/SB/53 or PTO/SB/54) or <input type="checkbox"/> Ribboned Original Patent Grant		
<input type="checkbox"/> Affidavit / Declaration of Loss (PTO/SB/55)		
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))		
✓ <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54)		
✓ <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney		
ACCOMPANYING APPLICATION PARTS		
7. <input checked="" type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)		
8. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations		
9. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)		
10. <input type="checkbox"/> * Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, (PTO/SB/09-12) Status still proper and desired		
11. <input type="checkbox"/> Preliminary Amendment		
12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) ✓ (Should be specifically itemized)		
13. <input checked="" type="checkbox"/> Other: ✓ Request for Transfer of Drawings; ✓ Assent by Assignee; ✓ Copy of 1st page of Letters Patent		
<small>* NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27); EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)</small>		

14. CORRESPONDENCE ADDRESS					
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Signature		Date	8/3/00

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**REISSUE APPLICATION FEE TRANSMITTAL FORM
(DIVISIONAL)**

Docket Number (Optional)

MAT-3720US2

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 14	Total Claims (37 CFR 1.16(j))	(B) 11	**** 0 =	x \$	=	or	x \$ 18 = 0
(C) 8	Independent Claims (37 CFR 1.16(i))	(D) 3	0 =	x \$	=		x \$ 78 = 0
Basic Fee (37 CFR 1.16(h))				\$			\$ 690
Total Filing Fee				\$ 690		OR	\$ 690

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	=	x \$	=	or	x \$ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$	=		x \$ =
Total Additional Fee					\$		OR	\$

If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- ☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 18-0350.
A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$ 690 to cover the filing / additional fee is enclosed.

8/3/00
Date

Signature of Applicant, Attorney or Agent of Record

Jacques L. Etkowicz, Reg. No. 41,738

Typed or printed name

CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)

Applicant(s): Ryoichi Imanaka

Docket No.

MAT-3720US2

Serial No.

To Be Assigned

Filing Date

Herewith

Examiner

Group Art Unit

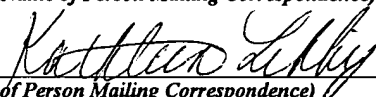
Invention: **SERVER APPARATUS, SUBSCRIBER APPARATUS AND INFORMATION ON DEMAND SYSTEM**

I hereby certify that the following correspondence:

Divisional Reissue Application with Transmittal and related enclosures*(Identify type of correspondence)*

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37 CFR 1.10 in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231

August 3, 2000*(Date)***Kathleen Libby***(Typed or Printed Name of Person Mailing Correspondence)*
*(Signature of Person Mailing Correspondence)***EL635061783US***("Express Mail" Mailing Label Number)***Note: Each paper must have its own certificate of mailing.**